



## MAKE THE PLEDGE!

Yes! I am ready to make the Pest Management Pledge to Protect Public Health in Haiti!

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Exact Donor Name As It Should Be Recognized \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### CASH PLEDGE/CONTRIBUTION AMOUNT

Please identify the amount that you would like to pledge:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> \$100   | <input type="checkbox"/> \$10,000       |
| <input type="checkbox"/> \$250   | <input type="checkbox"/> \$25,000       |
| <input type="checkbox"/> \$500   | <input type="checkbox"/> \$50,000       |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$5,000 |   |

### PAYMENT INFORMATION

Check Enclosed (Check # \_\_\_\_\_)     Please charge my  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Security Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please Invoice

### IN-KIND PLEDGE/CONTRIBUTION

Please contact me about the following product(s) or service(s) available:

Material(s)/Product(s) \_\_\_\_\_

Willingness to Travel to Haiti for On-the-Ground Help

Please return your Pledge Form to NPMA – Pest Management Foundation/Haiti | 10460 North Street | Fairfax, VA 22030

Questions? Contact Missy Henriksen at (703) 352-6762 or [mhenriksen@pestworld.org](mailto:mhenriksen@pestworld.org)

Tax ID Number: 22-6070835